CCL.104 Rev. 9/2003

Kansas Department of Health and Environment

Bureau of Child Care and Health Facilities 1000 SW Jackson St, Suite 200 Topeka, Kansas 66612-1274 Phone 785-296-1270 Fax 785-296-0803

Website: www.kdhe.state.ks.us/kidsnet/

Registered Family Day Care Home - SAFETY EVALUATION CHECKLIST

You must attest to the safety of the home by completing this form as required by K.S.A. 65-519.

INSTRUCTIONS:

- 1. Complete information in the blank spaces. Read each statement carefully.
- 2. Place a check mark or X under Yes, No or NA (Not applicable or does not apply) and complete all of the statements. Incomplete forms will be returned to the applicant.
- 3. Check both sides of each page to be sure they are complete. Check to see that the last page is signed.
- 4. Read the <u>Laws</u>, <u>Regulations</u>, <u>and Procedures for Registration of Family Day Care Homes</u>.
- 5. Submit **one copy** of this form to the Kansas Department of Health and Environment with the application.

NOTE: The questions listed on this form do not reflect all of the laws and regulations for a Registered Family Day Care Home. Please refer to the Regulation book for all applicable laws and regulations.

Certific	cate Nu	mber (i	if currently	registered)			County		
						()			
Name	of Appl	icant o	r Registran	t (exactly as it appears	s on the certificate)	Telephone Number	Email Address		
Physic	al Addr	ess of	the Home:	Street Address	City		Zip Code		
YES	NO	NA							
		-	1.	my home at any one til age. I understand that	me, including my own chil not more than three of th	dren under 12 years of age and	y. I will not care for more than six (6) children in I relatives and neighbors from birth to 16 years of the time can be under 18 months of age. I to be in care.		
		_	2.	I understand that child	ren enrolled for emergenc	y care or drop-in care are not to	cause me to exceed my registration capacity.		
		-	3.		e of care. (Other types of	-	ne, Adult Care, or 24 Hour Respite Care.) If no,		
			4.	I am providing child ca	re for less than 24 hours	per day. (Yes indicates complia	nnce.)		

YES	NO	NA		
			5.	I have (will have) the following information available for each child:
				(a) Name, address and place of employment of parent(s) or guardian(s);
				(b) Parent's side of the Medical Record for Children form including immunizations;
 				(c) Parental permission for emergency care and to go off premises (if applicable).
· · · · · · · · · · · · · · · · · · ·				(d) Name and telephone number of persons authorized to pick up the child.
			6.	I am, and I will ensure to the best of my knowledge, that anyone who cares for children in my home is physically, mentally, and emotionally capable of protecting the health, safety, and welfare of the children and qualified by temperament, emotional maturity, sound judgement, and an understanding of children.
			7.	I understand, and I will ensure to the best of my knowledge, that persons in contact with children will be free from impaired ability due to alcohol and/or drug use.
			8.	My cat(s)/dog(s) have current rabies shots and immunizations.
			9.	I transport children to school, appointments, lessons, field trips or outings, etc.
 			_ 10.	I have reviewed and will follow all transportation regulations as stated in K.A.R. 28-4-130 when I transport children.
			11.	Emergency preparations and safety procedures;
				(a) I have a working telephone and emergency numbers are listed by it;
				(b) I have a written plan posted for evacuating children in case of fire and for sheltering children in case of a tornado;
				(c) I have written emergency plans posted for disasters and serious injury;
				(d) I discuss these plans in (b) and (c) above with parents and substitutes and practice them with children.
				(e) I have records on file in my home to show that I have had first aid training from
				Source of training On
*****	******	*****	******* 12.	**************************************
				(a) My home is constructed, arranged, and maintained to provide adequately for the health and safety of children in care;
				(b) My home is reasonably clean, uncluttered, sanitary, and free from structural, electrical, heating, plumbing, or other hazards;

					I have public water.
		-			
		-			I have public sewerage.
			_	(c)	My home is skirted and anchored, if mobile home;
		-		(d)	My home has a second exit readily available from the first floor;
	. 	-		(e)	I have a fire extinguisher in or near the kitchen;
		-		(f)	I have covered kitchen and outdoor trash containers;
		-		(g)	I keep medications, household cleaning supplies, bodily care products with warning labels or which contain alcohol, dangerous chemicals, and any and all products with warning labels locked or stored out of the reach of children under 10 years of age;
		-		(h)	I keep sharp knives, sharp scissors and other sharp instruments stored out of the reach of children or locked up;
			_	(i)	If guns or other dangerous weapons are on the premises, I will keep them in locked storage or have trigger locks;
		_		(j)	If my home has gas stoves/space heaters they are properly vented and guarded;
		-		(k)	I keep all electrical outlets that are not in use covered;
		_		(I)	I have a basement. If yes, answer the following. If no, go to the next statement.
					YesNo My basement is used for child careYesNo My basement has been approved by a fire safety inspector.
			_	(m)	I have indoor and outdoor stairways that are railed and that have balusters not more than 4" apart or guarded. Stairways are guarded by a door, gate, or other barrier for children under 2 1/2 years of age.
			_	(n)	I have a floor furnace that is guarded.
			-	(0)	Children will sleep upstairs in my home. If yes, answer the following. If no, go to the next statement. YesNo I have a smoke detector in each sleeping room and on each level.
*****	******	******	13.	********* Nann	*******ing and Resting:
		-		(a) (b)	I use a crib or playpen for each child under 18 months of age. I use a family bed, cot, sofa, lower bunk, or foam pad at least one-half inch thick over carpet for each child over 18 months.
YES	NO	NA		(c)	I agree to NOT lay children under 18 months of age on a waterbed, sofa, or other soft surface to nap or rest.

		-		(d)	I have individual bedding for each child's use (top and bottom cover). Individual bedding is stored in a clean and sanitary manner.
*****	******	*****	14.	********* To pr	**************************************
		-		(a)	I wash my hands frequently and always after using the bathroom, diapering, wiping noses, and before and after handling food.
		-		(b)	Children wash their hands frequently and always after using the bathroom, wiping their nose and before and after eating.
		-		(c)	I keep toys washed and sanitized frequently. Infant/toddler toys are washed and sanitized daily.
		-		(d)	I provide individual towels and wash cloths or paper towels in the bathroom to be used by children and adults during child care hours.
		_	15.	I unde	erstand and will follow the precautions listed below when administering medication to children in my care:
		_		(a)	I obtain written parental permission for non-prescription medicines;
	-	-		(b)	I only administer prescription medication from a prescription bottle containing the child's name, dosage, and name of physician.
		_		(c)	I keep a complete, written record of all medications administered.
		-	16.		e the following toys and play equipment. Some are within reach of children. (Check all that you have. It is not required that ave all listed items.) Dolls Toy Cars/Trucks Wagons/Tricycles Puzzles Dress Up Clothes Swings/Climbing Toys Sand Box Playhouse Equip. Blocks Books Crayons and Paper Records/tapes & player
		_	17.	I offer	each child the opportunity to participate daily in activities which promote healthy growth and development.
		- -	18.	l unde	erstand the importance of proper supervision for young children and I agree to the following statements: I will not engage in either business or social activities that interfere with the proper care or supervision of children
		-		(b)	Children are under the supervision of a person 16 years of age or older who is responsible for the child's health, safety, and well-being.
		-		(c)	I will be aware of the children's location at all times, inside and outside and I will stay with them. If the children are out of sight in my home, I will check on them at frequent intervals and I will be within hearing distance at all times.
YES	NO	NA			
		-		(d)	Children under three years of age, when outside, are supervised by a person 16 years of age or older who is outside with them.

		-	19.	I have read and agree to comply with K.A.R. 28-4-132(b) concerning the use of appropriate discipline and prohibited punishmer I will give my written discipline policy to parents of the children in care.
		-		(a) I agree to not use punishment that is humiliating, frightening, or physically harmful to children including corporal punishment such as spanking with the hand or any implement, slapping, swatting, pulling hair, yanking the arm, or any similar activity.
*****	******	- ******	*****	(b) I agree to not use any form of prohibited punishment as stated in K.A.R. 28-4-132(b) even if parents give permission.
			20.	The outdoor play area:
			-	(a) My outdoor play area is fenced. Children only use the fenced area for outdoor play and they are supervised while outside;
			-	(b) My outdoor play area is not fenced. I am always with the children when they play outside;
		-		(c) I will keep my outdoor play area free of broken glass, broken toys and play equipment, construction materials, mowers, and other dangerous items or equipment;
		-	_	(d) Outdoor climbing equipment and swings are anchored firmly in the ground;
			-	(e) I agree to provide and maintain the surface under anchored play equipment that consists of maintained grass, sand, pe gravel, finely ground mulch, or other material approved by the child care facility surveyor.
		-		f) Check any of the following that are on or adjacent to your property;
				Railroad Tracks River, lake, swimming pool Heavily traveled street.
			_	(g) I have an above ground or in-ground swimming pool. If yes, answer the following. If no, go to the next statement.
				YesNo The pool is enclosed with a fence at least 5 feet high (or if above-ground pool, it is more than four feet high) as stated in K.A.R. 28-4-129.
				YesNo Children will only use the pool if a person with a life saving certificate or a person with training in CPR and who can swim is in attendance at all times.
			-	(h) I agree to not allow the use of trampolines during day care hours. I will make the trampoline so that it cannot be accessed by the children.
*****	******	******	******	***************************************
VES	NO	NIA		
YES	NO	NA		
		-	21.	I will provide meals for children in my care that are nutritious and that are prepared in my home.
		_	22.	I will use pasteurized milk and dairy products.

	23.	I will hold infants for bottle feedin	g, if they cannot hold their own bottle.
	. 24.	I will determine the number of sna	acks and meals provided for each child each day by the following:
		Length of Time in Care 2 1/2 - 4 hours 4 - 8 hours 8 - 10 hours 10 hours of more	Nutritious Food Served 1 Snack 1 Snack and 1 Meal 2 Snacks & 1 Meal or 1 Snack & 2 Meals 2 meals and 2 or 3 snacks
	. 25.	I will choose and provide meals a meat and meat alternates.	nd snacks from the following food groups: Milk and milk products; fruits and vegetables; bread
	. 26.	I will check at the time of enrollme	ent for food allergies and/or other dietary needs which require changes of food served.
	. 27.	I will prepare food in a sanitary m	anner. I keep cold foods cold and hot foods hot.
	28.	I agree to not allow infants/toddle	·
******	*******		***************************************
	. 29.	I will notify the child care facility s	urveyor or KDH & E when I discontinue care or move.
	30.	I will allow entry to the child care my family day care home following	facility surveyor or other KDH & E representative for the purpose of assessing compliance of g a complaint.
	31.		keep on file in my home, the required KBI/SRS Child Abuse Registry Screening information for fage who resides, works, regularly volunteers and/or substitutes in my home.
	. 32.	I will report promptly to SRS the reglect.	name of any child brought to me for care whom I suspect has been injured through abuse or
	. 33.	I will allow parent(s) or guardian(s) of each child to have access to my home and yard during all hours of operation.
	34.	I will post my Certificate of Regist	ration where parents can see it.

35. Complete the following:

List the full name (First, Last) of all persons 16 years of age and older living, working or volunteering in the day care home including applicant and substitute(s):	Gender Male or Female	Birth Date (MM/DD/YYYY)	Relationship to Applicant	Date of TB Test (MM/DD?YYYY)

		l				<u> </u>
 36. 37.	I have included my substitute provider (10 hours a week or less) in the above I have included my substitute provider	chart.		·	,	, ,
_			age of older, writ	comes into my n	ome to substitute for ext	tended absence
_	(more than 10 hours per week) in the		age of older, writ	comes into my n	ome to substitute for ext	ended absence
 _ 38.		above chart. to my home b	ut provides subs	stitute care in her/l	nis home. He/She is lice	ensed or registe
 _ 38.	(more than 10 hours per week) in the a My substitute provider does not come and understands that he/she must not	above chart. to my home b exceed the lie	ut provides subscense or certifica	stitute care in her/late capacity when	nis home. He/She is lice	ensed or registe
 38. 39.	(more than 10 hours per week) in the a My substitute provider does not come and understands that he/she must not	above chart. to my home beceed the lice	ut provides subscense or certifica	stitute care in her/l ate capacity when City	nis home. He/She is lice	ensed or registe
 _	(more than 10 hours per week) in the a My substitute provider does not come and understands that he/she must not Last Name First	above chart. to my home b exceed the lie Str for planned or	ut provides subscense or certifica eet Address extended abser	ctitute care in her/late capacity when City nces.	nis home. He/She is lice substituting. List his/he 	ensed or registe r name:
 _ 39.	(more than 10 hours per week) in the a My substitute provider does not come and understands that he/she must not Last Name First Parents provide their own substitutes to I will keep the required health records	above chart. to my home be exceed the lice. Stream for planned or for persons or	ut provides subscense or certificate the detailed abserver 16 years of a	ctitute care in her/late capacity when City nces.	nis home. He/She is lice substituting. List his/he 	ensed or register r name:

42. Complete the following:

List the complete name (first, last) of all children under 16 years of age in care including your own child(ren):	Birth Date (MM/DD/YYYY)	s	М	т	w	т	F	s	Hours Per Day
Example: Jane Doe	10-14-82		Х		Х		Х		7:30 am to 5:30 pm

				_									
3.	See la	ast page	€.										
DDI"	TIONAL	. INFOR	MATION	۷:									
′es	No	NA											
C0	NO	INA		I am planning to enroll children whose care will be paid for by SRS.									
		_	44.	I am planning to e	nroll children wh	ose car	e will b	e paid fo	r by SR	S.			
		-							•			-64	
		-	44. 45.	I am planning to e					•		ne name	of the a	gency is
		-	45.	l use, or plan to us	se, the services o	of a day	care re	eferral a	gency. I	f yes, tl			-·
		- -			se, the services o	of a day	care re	eferral a	gency. I	f yes, tl			-· -·
	-	-	45.	I use, or plan to us I have enrolled or	se, the services of	of a day	care re	eferral a	gency. I	f yes, th	e name	of the sp	onsor is
		-	45.	I use, or plan to us I have enrolled or I have liability and	plan to enroll in injury insurance	of a day	care reduction care for the car	eferral a	gency. I	f yes, th	e name	of the sp	- -

Signature of Applicant

Date (MM/DD/YYYY)

IMMUNIZATION REPORT FORM

Á	-	A
	i i	
	0.2	

Type of facility:	Registered Family Day Care Home			Section 1
Certificate Number:				
Name of Facility exact Date	ly as it appears on the certificate			
Address of Facility				
-	Street	City	Zin Code	County

Please list the initials of children presently receiving care in this facility. Write the month, day and year (MM/DD/YY) of each immunization completed in each series in the box below. Please do not place a check mark in the box.

	Date	DPT					ORAL POLIO				MMR		HIB*				HBV*			VAR*
Initials	of Birth	1	2	3	4	5	1	2	3	4	1	2	1	2	3	4	1	2	3	1

*Recommended Immunizations